

# ADOPT-230 Adoption Expenses

Clerk stamps below when form is filed.

If you are adopting your stepchild or your domestic partner's child, do not fill out this form.

1 Your name(s) (adopting parent(s)):

a. \_\_\_\_\_

b. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Your address (skip this if you have a lawyer):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your phone #: (\_\_\_\_\_) \_\_\_\_\_

Your lawyer (if you have one): (Name, address, phone #, and State Bar #):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2 Name of child after adoption:

\_\_\_\_\_

3 List services you obtained related to the adoption of the child listed in 2.

Service	Name and Address of Service Provider	How Much Paid or Value of Service	Payment Date
a. Hospital	_____ _____	\$ _____	_____
b. Prenatal care	_____ _____	\$ _____	_____
c. Legal fees	_____ _____	\$ _____	_____
d. Adoption agency fee	_____ _____	\$ _____	_____
e. Transportation	_____ _____	\$ _____	_____
f. Adoption facilitator fees	_____ _____	\$ _____	_____

Court name and street address:

Superior Court of California, County of

Case Number:

Your name(s): \_\_\_\_\_

Case Number: _____
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Service	Name and Address of Service Provider	How Much Paid or Value of Service	Payment Date
g. Counseling fees	_____ _____	\$ _____	_____
h. Adoption service provider	_____ _____	\$ _____	_____
i. Pregnancy expenses	_____ _____	\$ _____	_____
j. Court filing fees and fingerprinting fees	_____ _____	\$ _____	_____
k. Other	_____ _____	\$ _____	_____

If you need more space, attach a sheet of paper and write "ADOPT-230, Item 3—Payment for Services" at the top.

Number of pages attached: \_\_\_\_\_

**4** I declare under penalty of perjury under the laws of the State of California that I have listed all payments (or anything of value) that I have paid or agreed to pay, or that were paid on my behalf, related to the child I want to adopt. I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct, which means that if I lie on this form, I am guilty of a crime.

Date: _____	_____	➤ _____
	<i>Type or print your name</i>	<i>Signature of Adopting Parent</i>

Date: _____	_____	➤ _____
	<i>Type or print your name</i>	<i>Signature of Adopting Parent</i>